Approved for use through 7/31/2006. OMB 0851-0031 U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Docket Number (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) PU020133 RECEIVED CENTRAL FAX CENTER In re Application of Shaily Verma et al. Application Number 10/511,641 Filed October 18, 2004 For Wireless Local Area Network (WLAN) as a Public Land Mobile Network for WLAN/Universal Mobile Telecommunications Systems... Examiner Christopher M. Brandt Art Unit 2617 This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate non-small-entity fee are as follows (check time period desired): One month (37 CFR 1.17(a)(1)) ☐ Two months (37 CFR 1.17(a)(2)) \$1050.00 Three months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(5)) Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _ 10511641 01/02/2008 EHAILE1 00000007 070832 A check in the amount of the fee is enclosed. 01 FC:1253 1050.00 DA Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. П The Director is hereby authorized to charge any fees which may be required, 図 or credit any overpayment, to Deposit Account Number 07-0832. I have enclosed a duplicate copy of this sheet. applicant/inventor. I am the ☐ assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number_ attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). 22.856. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization of Signature Date (609) 734-6832 Daniel E. Sragow Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 ■ Total of 1 forms are submitted. This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form is the USPTO. The will vary depending upon the individual case, Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9189 and select option 2.